

FINANCIAL MANAGEMENT BRANCH

WEB BILLING

CONTACT INFORMATION AND ACH TRANSACTION DATA

Company #: _____ Company Name: _____

Web Billing Contact Information Please specify whether to add or remove billing contact and effective date.

	Add	Remove	Eff Date	Name	Email Address	Phone #	Fax #	SSN	Date of Birth
Financial Health									
Financial Health									
Financial Health									
FSA									
FSA									
FSA									
Financial Officer									
Financial Officer									

ACH Transaction Data Please complete only if your agency wishes to pay by ACH transaction.

Bank Name								Please specify:	
Account Name								Checking:	Savings:
ABA (Routing) Number									

From may be mailed or faxed.

Please return to:

PRESONNEL CABINET

DEPT OF EMPLOYEE INSURANCE, FINANCIAL MANAGEMENT BRANCH

501 HIGH ST, STATE OFFICE BUILDING, 2ND FLOOR

Frankfort, KY 40601

Phone:

(502) 564-9097

Fax:

(502) 564-0715